

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024288

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 175

FILED JUL 6 1962

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Charles

Length of stay in 1b

LIFE

c. FULL NAME OF (If NOT in hospital, give location)

St. Joseph Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Charles

c. CITY

St. Charles

Inside Limits

Yes ☒ No ☐

d. STREET

1054 Tompkins

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Theodore

First

Leistner

Last

4. DATE

OF DEATH

Month

June

Day

27

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-12-1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manufacturer

10b. KIND OF BUSINESS OR INDUSTRY

METAL PROD.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Paul G. Leistner

13b. MOTHER'S MAIDEN NAME

Martha Berger

14. NAME OF HUSBAND OR WIFE

Stella Leistner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Stella Leistner, St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart disease (Cardiac Decomp.)

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized Arteriosclerosis - L. hemiparesis - Chronic pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-7-61 to 6-27-62 and last saw him alive on 6-26-62

Death occurred at 5:53 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

114 N. Main St. Charles Mo.

22c. DATE SIGNED

6/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-29-1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

6/29/62

26. REGISTRAR'S SIGNATURE

Marcella Wilson

JUL 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Conrad L. Pickering

Licensed Embalmer No. 5789

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.